

Personnel Statement



City of Dunwoody
 41 Perimeter Center East Ste 250
 Dunwoody, GA 30346
 Phone: (678) 382-6700
 Fax: (770) 396-4705

Applicant Information	NAME Last:		NAME First:		NAME Middle:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Aliases / Stage Names:		Social Security Number: - -	
	Home Address:			City/State/Zip:		
	Date of Birth: / /		BIRTHPLACE City:		BIRTHPLACE State:	
	Are you a U.S. Citizen?		Naturalized? Provide Certificate No. (Yes/No)		Date, Place, Court.	
	Petition Number		Derived Parents Certificate No.		Alien Register No.	
	*** Note a copy of Resident Alien Card and Drivers License must be provided at the time of application. The application will not be accepted without this documentation.					
	Native Country		Date of Entry		Port of Entry	
	Marital Status		If Married, Spouse's Name:		Spouse's SS No.	
	Spouse's Date of Birth:		Spouses Employer:		Address of Spouse's Employer:	
Business Information	Business of Employment:					
	Job Title:			Supervisor:		
	Street Address:					
	Phone:			Length of Employment:		
	% Ownership if any:			Salary or Annual Compensation:		
Additional Information	Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each. 1) _____ 2) _____ 3) _____					
	Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details. _____ _____					
	Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages? (Yes/No) If so, give Details. _____ _____					
	If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved). _____ _____					

Employment Record (Most Recent Experience First) Residences for the Past Ten Years								
	Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.							
	Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.							
	Reason Charged or Held		Date		Place of Charge			
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	No Arrests? (Yes/No)				Attached additional Arrests? (Yes/No)			
	Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc) Specify which and show dates used.							
	From		To		Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
	Month	Year	Month	Year				
Dates				Street	City	State		
From		To						

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NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, _____ County. I _____ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's signature

I hereby certify that _____ signed his name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true and correct.

This ____--____ day of ____ 20____

Notary Public

Seal

Please Attach Original Photograph (front view) taken within the past year (copies are not acceptable).

Staff Use Only	
Permit #:	Permit Fees:
Approved/Denied By:	Expiration Date:
Approval Date:	Denied Date: